



Cincinnati Recreation Commission

An Equal Opportunity Employer

Two Centennial Plaza
805 Central Avenue
Cincinnati, Ohio 45202

Part-time and/or summer employment application

Name _____ Date _____
Last First Middle
Address _____
Number Street City State Zip code
Telephone (Home) _____ Telephone (Other) _____
Name of person to contact in case of emergency _____ Telephone _____
Job title applied for _____ Recreation program Applied for _____
What date are you available to work? _____
What time/hours are you available to work? _____
What date will you return to school at the end of summer? _____

Education							
Elementary School							
1	2	3	4	5	6	7	8
Schools, colleges, programs, universities attended							

High School			
1	2	3	4
Major subjects studied			

College						
1	2	3	4	5	6	7
Diplomas, degrees or credit hours						

Certificates/Licenses (attached Copies)

Current Lifesaving Certificate?	Yes _____	No _____
Current Water Safety Instructor Certificate?	Yes _____	No _____
Current Standard First Aid Certificate?	Yes _____	No _____
Current Community CPR Certificate?	Yes _____	No _____
Current Ohio Driver's License?	Yes _____	No _____

Other current Certificates/license?

Do not write below this line

Remarks _____ _____ _____ _____ Interviewer _____

Paid Experience:

Start with your most recent job. Describe your job duties. Emphasize work that qualifies you for the position for which you are applying. Include military service. If the following space is not sufficient, attach an additional sheet.

Date employed:	From: Mo. & Yr.	To: Mo. & Yr.	Job description:
Name of employer:			
Address:			
City, State:			
Job Title:			
Supervisor:			
Salary (Weekly)		Reason for leaving (if discharged, explain fully)*	

Date employed:	From: Mo. & Yr.	To: Mo. & Yr.	Job description:
Name of employer:			
Address:			
City, State:			
Job Title:			
Supervisor:			
Salary (weekly):		Reason for leaving (if discharged, explain fully):	

Have you ever worked for the Cincinnati Recreation Commission? Yes _____ No _____ When? _____
 Do you currently work for the City of Cincinnati? Yes _____ No _____ What department? _____

Volunteer Experience:

Describe volunteer activities that qualify you for the position for which you are applying. If the following space is not sufficient, attach an additional sheet.

Name of organization:	From: Mo. & Yr.	To: Mo. & Yr.
Address:		Job Description:
City, State:		
Job Title:		
Supervisor:		

Name of organization:	From: Mo. & Yr.	To: Mo. & Yr.
Address:		Job Description:
City, State:		
Job Title:		
Supervisor:		

References:

List below two responsible residents of greater Cincinnati who can vouch for your character, ability and experience. Those who know your work experience are the desirable. Do not list relatives.

Name:	Type of business or name of employer:	Address:	Phone number:

Signature _____

CINCINNATI RECREATION COMMISSION CONVICTION POLICY

An application for part-time recreation employment will not be considered from any person who has a conviction for any sexual crime at any time in the past or for any drug, felony, violence or domestic violence—knowingly causing the victim harm, crime within the past five years. Further, an application will not be considered from a person who has any criminal conviction at any time which is deemed to be of such nature as to cause damage to the effectiveness of the Cincinnati Recreation Commission.

QUESTIONNAIRE

1. Do you have a conviction for a sex-related charge? Yes _____ No _____
2. Do you have a conviction for a drug-related charge within the last 5 years?
Yes _____ No _____
3. Do you have a conviction for domestic violence—knowingly causing the victim harm or for a violence-related charge with the last 5 years? Yes _____ No _____
4. Do you have a conviction for a felony with the last 5 years? Yes _____ No _____
5. Do you have any convictions? Yes _____ No _____

I understand that any acceptance as an employee of the Cincinnati Recreation Commission is contingent upon my meeting the conviction record standards set by the Cincinnati Recreation Commission and the City's medical standards. If I do not meet those standards, I understand that Cincinnati Recreation Commission will terminate my employment.

Print Name: _____

Signature: _____ Date _____